



## Registration Package 2021-2022

### IMPORTANT INFORMATION:

Registration Fee: \$75.00

**To register for a five-day spot (M-F) you must pay the registration/materials fee and the tuition for the month of September 2021 at the time of registration to secure your spot. These fees are non-refundable.**

**Before application can be accepted**, all paperwork must be completed and the *Authorization of Consent to Healthcare* form must be **notarized**. **Include a \$75.00 (non-refundable) check** made payable to Hendersonville Presbyterian Church (HPC)

Please note on the memo line: "Registration Fall 2021."

Thank you ☺

**Creative Beginnings Christian Preschool**

**Creative Beginnings Christian Preschool  
Hendersonville Presbyterian Church  
Hendersonville, NC 28792  
cbcpforkids@gmail.com  
828-692-3211**

**Registration Information 2021-2022**

Registration/Materials Fee  
(non-refundable)  
\$75.00

(Paid at the time of registration to secure your child's placement)

**Classes Offered:**

**Classes for Two, Three, and Four-Year-Olds are offered as follows:**

2-day program: Tuesday, Thursday

3-day program: Monday, Wednesday, Friday

5-day program: Monday-Friday

**Bilingual Transitional Kindergarten is offered only as a**

**5-day program:** Monday-Friday

**To be eligible for the 2's class, a child must be 20 months on, or before Aug. 31, 2021.**

**To be eligible for the 3's class, a child must be 3 yrs-old on, or before Aug. 31, 2021.**

**To be eligible for the 4's class, a child must be 4 yrs-old on, or before Aug. 31, 2021.**

**For Transitional Kindergarten, a child must be 5-yrs-old on, or before Dec. 31, 2021.**

**Tuition Fees**

2 days per week: \$1,665/year, \$555/quarter, \$185.00/month

3 days per week: \$1,935/year, \$645/quarter, \$215.00/month

5 days per week: \$2,655/year, \$885/quarter, \$295.00/month

Bilingual TK (5 day option only): \$2,970.00, \$990.00/quarter, \$330.00/month

**Classes will begin on Monday, August 30, 2021.**

**All checks should be made payable to "Hendersonville Presbyterian Church" or "HPC".**

Tuition is due the first day of each month. A late fee is charged if it is not received by the 5<sup>th</sup> business day of the month.

**Please write separate checks for Registration and Tuition payable to "HPC."**

**The medical consent form must be notarized before registration will be accepted.** This is your responsibility prior to enrollment.

**Updated immunization records must be submitted before a child will be allowed to attend class.** They may be faxed to (828) 692-6872 or emailed to [cbcpforkids@gmail.com](mailto:cbcpforkids@gmail.com)

**Creative Beginnings Christian Preschool  
Hendersonville Presbyterian Church  
Hendersonville, NC  
Registration Form 2021-2022**

Child's Name		Name Preference	
Days to Attend (check one): <input type="checkbox"/> MTWTF <input type="checkbox"/> MWF <input type="checkbox"/> T/Th      Class: <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> 4's <input type="checkbox"/> Trans. Kindergarten			
Date of Birth		Present Age	
Home (Mailing) Street Address		City	State    Zip
Email Address			
Primary Phone (    )		Cell Phone(s) (    ) M                      (    ) D	
Father's Name		Occupation	
Where Employed		Phone	
Mother's Name		Occupation	
Where Employed		Phone	
Church Affiliation		Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
People in Home <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other (explain)			
Two <b>Local</b> Emergency Contacts Other than Parents		Phone	
1.		Phone	
2.		Phone	
Child's Physician		Phone	
Physician's Address		Hospital	
Signature of Parent or Legal Guardian			Date

Please read the following questions carefully. Your answers will help us know what to change or to work on. Our program needs your help to be successful.

1. What experiences do you expect your child to gain from Creative Beginnings?

2. What do you do at home to comfort your child?

3. Does your child have any fears that we should be aware of?

4. Does your child have any problems that we should be aware of?

5. Are you potty training your child yet?  Yes  No

If yes, please describe so we may be consistent with what you are doing.

6. Any other comments that you feel might help us in making your child's experience at Creative Beginnings the very best preschool for your family!

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Creative Beginnings Christian Preschool  
Hendersonville Presbyterian Church  
Hendersonville, NC  
HEALTH RECORD**

Child's Name	Date of Birth
Parent's Name	Phone (     )
1. Has your child had any serious illnesses or operations? If yes, please explain.	
2. Does your child have any physical handicaps that we should be aware of or that would limit physical activity?	
3. Does your child have any allergies? If yes, please list. You may or may not be required to submit an additional form from your doctor depending on the severity of the allergy.	
4. Does your child have any history of convulsions or heart trouble?	
5. Check the following illness(es) that your child has had. <input type="checkbox"/> Chickenpox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Red Measles <input type="checkbox"/> Rheumatic Fever	
6. Check recurring problems that your child may have. <input type="checkbox"/> Bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Ear Infections <input type="checkbox"/> Croup <input type="checkbox"/> Strep Throat <input type="checkbox"/> Other (explain below)	
<b>7. Please attach a copy of your child's immunization record. We also recommend that your child have the Hib vaccine. Please ask your doctor about this.</b>	
8. Please list any other medical information that you feel we need to know about your child.	



## **Authorization for Release**

If my child is to be picked up by any other person than myself, I will notify the Director or Teacher by phone or note ahead of time. A photo ID will be required.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### **Other People Authorized To Pick Up My Child**

Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hendersonville Presbyterian Church  
Creative Beginnings Christian Preschool**  
699 North Grove Street  
Hendersonville, North Carolina 28792  
(828) 692-3211

**PERMISSION and MEDICAL RELEASE APPLICATION**

**DATE: From Aug 2021-Aug 2022**

**I. General information and Permission to Participate**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (Work/Cell) \_\_\_\_\_  
Parent(s) or Legal Guardian Name(s) \_\_\_\_\_  
Emergency Contact/Phone # \_\_\_\_\_

**II. Medical Information**

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant has **NO** medical conditions that I am aware of at this time. \_\_\_\_\_  
(Signature)

**Applicant has the following medical conditions:** (Circle all that apply) **Asthma** **Headaches**

**Bees:** (Epipen must be available) **Does Applicant know how to use the Epipen?** \_\_\_\_\_

**\*Diabetes:** (pertinent info) \_\_\_\_\_

**Food Allergies or Sensitivities** \_\_\_\_\_

**Is the food allergy severe enough to require emergency care?** \_\_\_\_\_

**Other** \_\_\_\_\_

Creative Beginnings Christian Preschool only administers medications for life threatening allergies. No other medication will be administered without special consent by the Director and a special allergy form must be requested and completed by the parent or guardian.

**Medications are NOT to be shared with anyone. Medications MUST be kept in a safe place, accessible only to Applicant and Caregivers.**

**III. Insurance Information** (A copy of both sides of insurance card is helpful)

Health Insurance Company: \_\_\_\_\_

Company Address & Phone #: \_\_\_\_\_

Policy # \_\_\_\_\_ Group \_\_\_\_\_ Prior Approval Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_



**IV. Informed Consent**

**In the event Applicant needs minor medical care from a supervising adult or more significant care from a qualified health care provider, including hospitalization and/or surgery, the parent/self/legal guardian is asked to sign the "Informed Consent" below. In the event of a medical emergency, every attempt will be made to contact the parent/guardian or emergency contact; however, the first priority is care of the Applicant.**

I, \_\_\_\_\_, am the parent/self/legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_/\_\_\_/\_\_\_\_\_. I authorize the supervising adult(s) of Hendersonville Presbyterian Church and Creative Beginnings Christian Preschool, in whose care the applicant is entrusted, to provide for health care as follows: (a) to transport to a health care facility and to allow the employees of the health care facility to care for my child; (b) to consent to and authorize any care deemed necessary, including administration of anesthesia, radiographic studies, or surgery. **At no time can medical personnel withhold or withdraw life-sustaining procedures.**

This consent shall be effective for one year from the date of execution.

Parent/ Self /Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release Approval for Media**

**I, the undersigned, do hereby consent and agree that Hendersonville Presbyterian Church, Creative Beginnings Christian Preschool, its staff, volunteers, agents or contractors may take photographs, videotape, or digital recordings of Applicant engaged in activities sponsored by the church/preschool and to use these in any and all media, now or hereafter known, and exclusively for church and preschool purposes.**

Parent/Self/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named, \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and she (or he) acknowledged the she (or he) executed to same and being duly sworn by me, made oath the statements in the foregoing instrument are true.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(OFFICIAL SEAL)

## School Hours, Drop Off, Closings, and Delays: Revised August 11, 2020

Our school hours are from 8:15-11:45 AM. CBCP will be following new CDC screening methods at drop-off. Our new drop-off time begins at 8:15am and ends at 8:45am. It is imperative, except for emergencies or medical appointments, to have your child in class no later than 8:45 a.m. It is our preference that he/she arrives between 8:15am and 8:35am. It is difficult for children and teachers to regroup after interruptions. Please let the Director know that you will be running late so that she can arrange entrance to the classroom.

### At the new drop-off method:

1. All families will park their cars and enter the playground gate and form a line at the marked 6' increments along the sidewalk. Children must stay with their parents and not be allowed to play on the playground
2. All families are encouraged to follow the **3 W's: Wash Your Hands, Wait 6', and Wear a Mask.**
3. Teachers are mandated to wear PPE during the health screening (this includes: eye wear, gloves, mask, and smock)
4. Teachers will make a **visual inspection** of each child.
5. Children's temperature will be taken with an **infrared no contact thermometer** (5-8 cm from the forehead).
6. Parents will be asked to answer the following questions:

Has your child had any of these symptoms in the last 24 hours without the administration of symptom reducing medication?

- Fever above 100.4 degrees
- Chills
- Diarrhea
- Vomiting
- Rash
- Muscle Aches
- Pink eye
- Coughing
- Shortness of breath
- Sore throat
- Loss of taste or smell

Does anyone in your immediate family have these symptoms? Has anyone in your family been exposed to persons diagnosed with Covid-19 in the past 14 days?

7. If the child/ren can participate, the parent will be asked to verify that he/she meets all the health requirements to attend school that day by signing the daily Health Criteria Sign-in sheet. The parent will escort their child/ren to the door closest to their classroom and be handed off to another teacher for handwashing upon entering their classrooms.

8. If the child/ren *is* showing any of the symptoms listed above, or you answered “yes” to any of the health questions, the child will not be able to participate, and will need to meet all the criteria for “returning to school” provided by the NC Department of Health and Human Resources listed below:

## **Returning to School:** *Revised August 12, 2020*

- **Person has symptoms of Covid-19 and has not been tested**

**OR**

**Person has symptoms of Covid-19 and has been diagnosed with or tested positive for Covid-19**

**Criteria to Return:** Person can return to the child care facility when they can answer “yes” to **ALL three questions:**

1. Has it been at least 10 days since symptoms first appeared?
2. Has it been at least 24 hrs since the person had a fever (without fever reducing medicine)?
3. Has it been at least 3 days since the person’s symptoms have improved, including cough and shortness of breath?

Once the criteria above are met, it is not necessary to require a negative Covid-19 test in order to return to child care.

- **Person has not had symptoms of Covid-19 but has been diagnosed with Covid-19 based on a positive test**

**Criteria to Return:** Person can return to the child care facility once

1. 10 days has passed since the date of their first positive test

However, if the person develops symptoms of Covid-19 after their positive test, they must be able to answer “yes” to **ALL three questions** listed above before returning to child care.

- **Person has been excluded because of Covid-19 symptoms, but then tests negative for Covid-19**

**Criteria to Return:** Person can return to the child care facility with proof of a negative Covid-19 test and once they can answer yes to both questions:

1. Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines?
2. Has the person felt well for at least past 24 hours?

- **Person has been determined to be in close contact with someone diagnosed with Covid-19**

**Criteria to Return:** Person can return to the child care facility after completing at least 14 days of quarantine at home. The purpose of quarantine is to determine if a person who has been exposed to someone with Covid-19 will get infected. They must complete the full 14 days of quarantine even if they test negative. However, if the person tests positive or develops Covid-19 symptoms, return to child care must follow criteria above.

***\*In addition, after an illness, a child should be able to participate in all activities before returning to the program. We do not have special provisions for keeping a child inside during scheduled outside play time.***

### **Quarantine Policies:** Revised August 12, 2020

If your child is diagnosed with Covid-19 or needs to self-quarantine due to exposure to an active case of Covid-19, or other infectious diseases, your child will receive a 2-week learning packet from their teacher to learn remotely from home. **Tuition will NOT be refunded for the amount of the quarantine period.**

### **Inclement Weather Schedule:**

In case of snow or severe weather, **CBCP will follow Henderson County Schools Inclement Weather Closings or Delays.**

**Closed:** When county schools are closed, or have a 3 hr delay, we will be **CLOSED.**

**For a 1 hr delay:** School hours are from **9:15am – 11:45am** with regular pick-up time : **11:45am-12:00pm**  
*(a late fee will be charged after 12:00pm, \$1/minute)*

**For a 2 hr delay:** School hours are from **10:15am-12:00pm** with pick-up time: **12:00pm – 12:15pm**  
*(a late fee will be charged after 12:15pm, \$1/minute)*

**\*\*If the county schools have already started their day in the morning and a closing is called, we will also be closing.\*\***

Please sign up with WLOS School Closings **Text Alerts** at:

<http://wlos.com/mobile/features/text-alerts/#textalerts>.

Go to **“Private Schools”** and choose **“Creative Beginnings Christian Preschool”**.

If you see the WLOS scroll at the bottom of your screen make sure it says:

**Creative Beginnings Christian Preschool!**

There are other schools that begin with the words Creative Beginnings.

With the text alert you will definitely know it is your child’s school and you don’t have to watch TV.

If school is closed for more than **five** days, due to inclement weather, it will be at the discretion of the Board of Directors as to if, how and when a make-up time will be offered.

***No deductions are allowed for illness, vacations, quarantines, or closures mandated by the health department or the NC governor. Full payment is expected for each month of the school year. No deductions are made for holidays or snow days. It is at the discretion of the Board of Directors as to if, how and when makeup days will be scheduled.***

***CBCP is required by the local health department to contact them immediately if we are aware of confirmed Covid-19 cases among staff or children. They will provide guidance on when the infected person can return to the facility and if the facility needs to close. Decisions about closures due to infectious illnesses at CBCP may be dependent on status of outbreak in community, number of infected within the program, staffing availability, and NC governor orders that mandate the entire state. Monthly tuition will not be refunded in the case of these events. If the preschool is not able to reopen due to NC governor orders that mandate the***

**entire state, monthly tuition will be waived thereafter, until such orders are lifted. It will be at the discretion of the Board of Directors as to if, how, and when a make-up time will be offered.**

### **Late Pickup**

**Parents should be on time to pick up their child. A late fee will be charged at the rate of \$1.00 per child for every minute after 12:00 p.m.** Be considerate and call if you see that you are going to be late and arrange a back-up person to pick up your child. Be sure the back-up person's name is on the *Authorization to Release Form*. Notify your back-up person in plenty of time. Late charges are still applied if your backup person arrives past 12:00pm. Please call the office or leave a note if you have a pickup change.